

REQUEST FOR NEW/CHANGE PROCUREMENT KRED VENDOR MASTER RECORD

The following form will be required for the creation of a new vendor or requesting a change to an existing vendor master record. The vendor request form must accompany the Service Request Submit Form that can be found at the following URL: <http://ipo.ifmp.nasa.gov> under the Service Request Submit Form link.

Complete ALL fields:**Account Group: KRED****Date:****New Vendor:** ☐ **Change to Existing Vendor (enter KRED #):****Purchasing Org (Center):****Cage Code:****Contract Number:****Vendor Name (35 characters max):****Street Number/PO Box:***(55 characters max; must match CCR physical street address)***Country: US****City:****State/Region:****Zip Code:****Federal Agency** ☐ **Yes** ☐ **No****Trading Partner:**
(for non-federal input NONF)**DUNS No.** + 4**Type of Industry – Hubzone:** ☐ **Yes** ☐ **No****Type of Business (check only one):**

- | | |
|--|---|
| <input type="checkbox"/> Business – not otherwise classified | <input type="checkbox"/> Education – HBCU, State/Local Govt. Controlled |
| <input type="checkbox"/> Business – Disadvantage | <input type="checkbox"/> Education – Minority, Privately Controlled |
| <input type="checkbox"/> Business – Disadvantage, Veteran | <input type="checkbox"/> Education – Minority, State/Local Govt. Controlled |
| <input type="checkbox"/> Business – Disadvantage, Veteran, Svc Disabled | <input type="checkbox"/> Education – Privately Controlled-not HBCU/Minority |
| <input type="checkbox"/> Business – Disadvantage, Woman owned | <input type="checkbox"/> Education – State/Local Govt. Controlled-not HBCU/Minority |
| <input type="checkbox"/> Business – Disadvantage, Woman owned, Veteran | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Business – Disadvantage, Woman owned, Veteran, Svc Disabled | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Business – Veteran | <input type="checkbox"/> Hospital – Privately Controlled |
| <input type="checkbox"/> Business – Veteran Svc Disabled | <input type="checkbox"/> Hospital – State/Local Govt. Controlled |
| <input type="checkbox"/> Business – Woman owned | <input type="checkbox"/> Nonprofit – JWOD |
| <input type="checkbox"/> Business – Woman owned, Veteran | <input type="checkbox"/> Nonprofit – Minority |
| <input type="checkbox"/> Business – Woman owned, Veteran, Svc Disabled | <input type="checkbox"/> Nonprofit – not Minority or JWOD |
| <input type="checkbox"/> Education- HBCU, Privately Controlled | <input type="checkbox"/> State/Local Govt. – Other |

Reason for change or provide any additional information below (if applicable):